SUBMIT <u>COMPLETED ORIGINAL</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



AUG 03 2011

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPL

	K .	N.	Date		
	Amount Paid:	Zoning Distric		Application No	
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Thanges in plans must be approved by the Zoning Department.
AND USE S SANITARY N PRIVY N CONDITIONAL USE N SPECIAL USE N B.O.A. N OTHER N OTHE
egal Description 1/4 of 1/4 of Section 4 Township 44 North, Range 9 West. Town of 851/165
LotBlockSubdivisionCSM#Acreage
Johnme 597 Page 412 of Deeds Parcel I.D. 04-004-2-44-09-04-2 05-003-12000
a Thomas Trus
185 Robinson Lake Rol Plumber
Saviro
No 275 175 175 175 175 175 175 175 175 175 1
Addition Existing Basement: Yes No Number of Stories
et Value 41,000 Square Footage 48 4 Sanitary: New Existing V
Residence or Principal Structure (# of bedrooms)
Residence sq. ft Commercial Principal Building
sidence sq. ft. Porch sq. ft Porch sq. ft
Deck sq. ft Deck(2) sq. ft Commercial Accessory Building (explain)

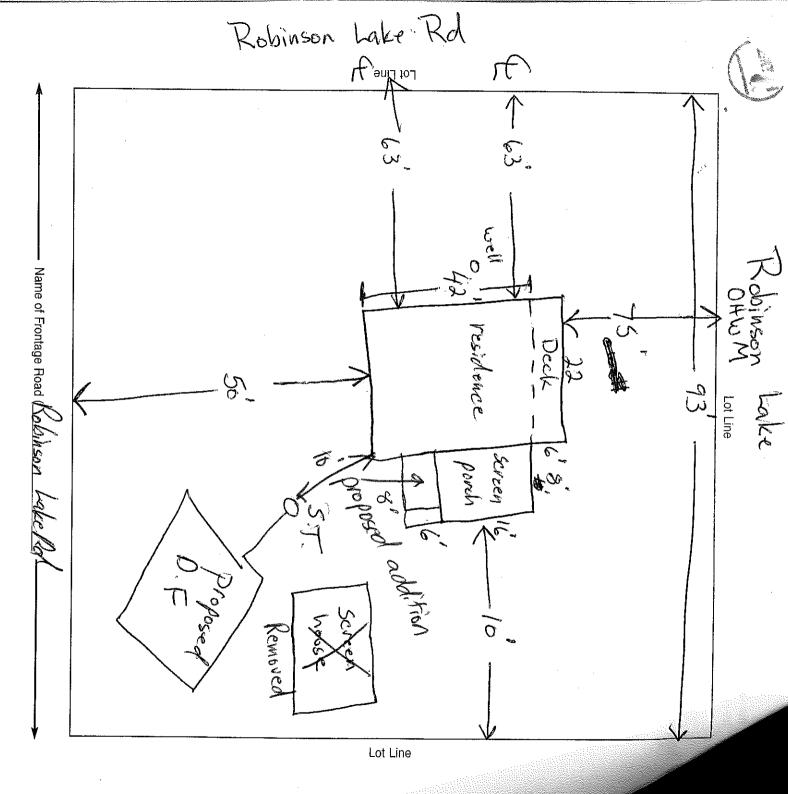
Sesidential Addition / Alteration (explain) 6 x 9 ≤ x x n 00 x l □ Special/Conditional Use (explain) □ Special/Conditional Use (explain)
(explain)
☐ Residential Other (explain) ☐ External Improvements to Accessory Building (explain) ☐ External Improvements to Accessory Building (explain) ☐ External Improvements to Accessory Building (explain)
me (us) and to the best of my (our) knowledge and belief am (are) providing and that it will be relied upon by Bayfield ying on this information I (we) am (are) providing in on the above described property at any reasonable time
Address to send permit Day Archambeau 54630 S. Loon Lake Rd. Burnes ATTACH
* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE APPLICANT — PLEASE COMPLETE REVERSE SIDE Copy of Tax Statement or Y (If you recently purchased the property Attach a Copy of Recorded Deed)
Permit Issued: State Sanitary Number Date Permit Number 11 - 2026 Permit Denied (Date)
on for Denial:
Inspection Record Sub-standard lotof record. 16 side your setlant per
13-1-32 (b) (a) a. By M. Futake Date of Inspection 8-2-11
Mitigation Plan Required: Yes □ No 🕱Variance (B.O.A.) #
Condition:
Signed Michael Enter 8-3-11
NULL CILL

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04-004-2-45-09-33-4

03-000-5000



- -Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N)
- ĺО Show the approximate location and size of the building.
- ယ Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable

DETAILED PLOT PLAN IS NECESSARY, FOLLOW STEPS 1-7 COMPLETELY.

IMPORTANT

- Ċī
- Show the approximate location of other existing structures

Show the approximate location of any wetlands or slopes over 20 percent.

7 Show dimensions in feet on the following: Ö

- Building to all lot lines
- α ρ Building to centerline of road
- Building to lake, river, stream or pond
- Septic tank to closest lot line
- Septic tank to building
- ი Septic tank to well
- Septic tank to lake, river, stream or pond
- Privy to closest lot line

- Privy to building
- j. Privy to lake, river, stream or pond k.Drain field to closest lot line
- I. Drain field to building
- m. Drain field to welln. Drain field to lake, river, stream or pond.
- o. Well to building

*NOTICE: The local town, village, city, state or federal agencies may also require permits

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked